

The BATHE Model

This is an acronym that helps move consultations forward constructively, when patients are emotionally distressed.

As clinicians we always attempt to offer our own solutions to patients (trying to make things better), although in some situations they may not be feasible or achievable (rather than facing up to the fact we may be therapeutically impotent). Using the BATHE tool helps you enable patients to find their own ways forward instead, or at least support them during a time of distress. The model includes

- Background
- Affect
- Troubling
- Handling
- Empathy

Background –

“What is going on in your life right now?”

This helps you to understand the patient’s situation. The qualifying phrase ‘right now’ helps the patient focus on the ‘here and now’ rather than launching into the epic saga dating from 1970.

Affect –

“How is this affecting you?” or “How do you feel about that?”

This moves the patient forward from a description of events, conversations, works etc. It acts as a punctuation mark in their thoughts, so that they can tell you more easily what is specifically causing them problems, difficulties or distressing feelings. As with any consultation, you cannot assume or correctly guess what it is that the patient is feeling – you have to ask the question.

Trouble –

“What is troubling you most?”

This is the focussing tool which will help the patient to tell you what it is that is really getting on top of them. The key word is ‘most’ and the patient response to the question can lead you to the central problem

Handling –

“How are you handling this?”

This question has two effects. First it moves the problem forward again from defining it clearly into talking about actions. It has an implicit meaning (a presupposition) that the patient IS handling it. In other words, it shifts the responsibility for the problem back to the patient. This is useful for both apparently helpless patients and also for well meaning, but over helpful, clinicians.

Empathy –

“I can understand this must be difficult for you”

This empathic remark helps balance the practical nature of the other parts of the model. Equally, it expresses caring and concern without implying that the clinician can make it better or has a solution, or that the patient should hand over responsibility for the problem to the clinician.

Summary

Although the model sounds simplistic, it is based on very effective brief psychotherapeutic techniques. It actively discourages the patient from developing dependency on the doctor (bad for both the pt and the clinician) and instead helps the patient to explore realistic coping strategies. It is a model that works with and supports the patient’s own coping strategies and encourages further development of coping skills and responsibility for their own behaviours, feelings and actions.